

The Coordinated Children's Services Initiative

2004 Annual Report

CCSI Statewide Partners:

Family Representatives

Office of Mental Health
(OMH)

State Education Department
(SED)

Office of Children and Family
Services (OCFS)

Council on Children and
Families (CCF)

Division of Probation and
Correctional Alternatives
(DPCA)

Office of Alcoholism and
Substance Abuse Services
(OASAS)

Office of Mental Retardation
and Developmental Disabilities
(OMRDD)

Department of Health (DOH)

CCSI has a three-tiered structure that emphasizes family participation at every level:

Tier I – Community Level
Provides individual strength-based plans of action for children at risk.

Tier II – County Level
Interagency leadership team made up of local government, service system, and family representatives.

Tier III – Statewide Level
Team of agency and family representatives that work to identify systems level solutions to meet locally identified needs.

The Coordinated Children's Services Initiative (CCSI) is a cross-systems process for serving children with special emotional and behavioral service needs that builds upon legislation enacted in 2002. The process utilizes strength-based approaches, consistent and meaningful family involvement, individualized planning, and encourages creative, flexible decision making and funding strategies. CCSI is designed to infuse local decision making processes with a set of core principles for helping children and their families who have needs that cross administrative and service delivery lines. By working within a collaborative framework such as CCSI, agencies, organizations, and families can combine their respective skills and services to produce far greater benefits than when acting on their own.

CCSI has grown to include over 50 counties and boroughs across the state, and will expand by up to five additional counties in 2005.

Highlights of this report:

The CCSI Overview – Provides a summary of the principles and processes of the Coordinated Children's Services Initiative (page 2).

Cross-Systems Recommendations – A core function of the CCSI Tier III Committee is to develop solutions and strategies to meet the unique needs of children and families who require services and support from multiple systems (page 4).

Sample Results and Innovative Programming – Outcomes reported to Tier III from county CCSIs and examples of creative uses of flexible funding (page 6).

Guidelines and Technical Assistance to Counties – Components of the Committee's role in providing support to local Initiatives on a statewide, regional, and county-specific basis (page 7).

Phase 7 RFP – CCSI will expand to include up to 5 additional counties in 2005 (page 8).

2003-2004 Grant Projects – Summary of the Committee's support of 17 innovative, county-developed projects to serve children and families (page 9).

Positive Behavioral Interventions and Supports – CCSI's role in supporting this national school-based initiative in NYS (page 11).

Future Direction – Goals of the Tier III committee for the coming year (page 11).

The 2002 CCSI Statute:

Initiated in the mid-1990s, the CCSI was formally established in Executive law, effective September 1, 2002. The legislation represents an important milestone in the evolution of the Initiative by demonstrating support for its principles and practices at the highest level of state government. Key features of the statute include:

- Codifying the CCSI principles, structure and process.
- Extending this structure to the state agency Commissioner level.
- Providing clear, consistent and effective principles for working with children and families across systems.
- Demonstrating state-level commitment to these principles.
- Including parent/family involvement at highest levels.
- Keeping the Initiative voluntary, locally designed and operated.
- Presenting an opportunity for broad systems change.
- Charging the Tier III Committee with Developing a Set of Guidelines to assist counties in enhancing their child and family-serving systems.
- Creating an annual reporting requirement from Tier III to the Governor and Legislature.

The CCSI Overview:

The Coordinated Children's Services Initiative (CCSI) is an interagency initiative that supports localities in creating systems of care to ensure that children who are at risk of residential placement remain at home with their families and in their communities. The CCSI promotes a set of core principles at all levels of government, across a broad range of service agencies, and throughout the service planning and delivery process. These principles guide a process of cooperative interagency planning that develops and delivers individualized services to children and their families.

Over 50 Counties and Boroughs have received start-up funding to create their own locally integrated systems, with a planned addition of up to five counties to begin in 2005.

The CCSI philosophy leads to coordinated systems of care that:

Develop and plan for one child and family at a time

Service plans are developed around individual needs, not program categories.

Provide supports and services in family and community settings

Reduce over-reliance on restrictive and expensive out-of-home placements.

Develop parent/professional partnerships

Parents are involved at all levels of service planning and delivery.

Use strength-based approaches

Focus on child and family strengths as opposed to problems or pathology.

Deliver services that are culturally competent

Recognize that a family's cultural background might affect the determination of appropriate services and incorporate dialogues, materials, and processes that respect the family's culture.

Provide care that is unconditional

Embrace the idea that services are provided to all in need regardless of how, when, or where they enter the child and family serving system.

The CCSI is unique in its ability to work across and within a broad range of child and family service systems. There is no prescribed programmatic component to the Initiative beyond the formation of local teams that develop individualized service plans and collaborate on system-wide coordination and improvement.

Localities are encouraged to develop approaches that will best serve their target populations and that compliment existing or anticipated efforts to improve services to children and their families.

The CCSI is not a service "program" in the traditional sense of the word; rather, the CCSI provides a structure and flexibility to promote locally designed interagency processes that lead to successful programs for the most vulnerable of children and their families. While the CCSI builds upon the unique strengths of each local service system, there are common features that can be found in participating counties across the state.

1. The CCSI uses an interagency structure to meet the needs of children and their families who require the services and supports from multiple service systems.

The CCSI incorporates a three-tiered approach:

- Tier I is a local service planning team that accepts referrals and develops individualized, strength-based plans of action for children and their families.
 - Tier II includes county government and service agency leaders, school officials, and parents to address local and state-level solutions to cross-systems issues. New York City's CCSI also includes a city-wide team of officials, family, and systems representatives.
 - Tier III is a statewide board made up of family representatives and officials from eight state agencies. Tier III meets regularly to review and implement systems change at the State level.
2. The CCSI uses a family focused and strength-based approach in working with families across all service systems.
 3. The CCSI involves families as partners at all points.
 4. The CCSI facilitates access to services based on need, not availability.

CCSI's 2004 Accomplishments

I. Cross Systems Recommendations

According to the CCSI Statute, a key responsibility of the Tier III Committee is the examination of interagency processes and systemic barriers to effective service delivery. The Committee is charged with the responsibility to make recommendations for improvement to the governor, legislature, and state board of regents.

A hallmark of the Committee's work in 2003-2004 was the development of a comprehensive set of recommendations for improving services to children who have cross-systems needs. Initially submitted to the Office of Children and Family Services, the Council on Children and Families is now working with the Governor's Office and its member agencies on developing plans for moving the recommendations forward.

The Coordinated Children's Services Initiative Tier III Committee Cross-Systems Recommendations

Children with cross-systems needs have complex, co-occurring unmet medical, mental health, development, substance abuse or educational needs that necessitate collaboration among multiple service delivery systems to facilitate comprehensive, coordinated care. These unmet needs place enormous levels of stress on families, schools, and communities -- putting the child at risk of out-of-home placement.

Cross-Systems Recommendations:

The following recommendations are to be developed and implemented according to the guiding principles of the CCSI: Utilizing individualized, strength-based, and culturally competent approaches, including meaningful family involvement at all stages.

- Develop consistent admission and discharge planning and service coordination across agencies for children coming in and out of placements. Central to the development of consistent admission and discharge procedures is a consistent set of valid and reliable (evidenced-based) assessment instruments that can be administered by qualified professionals. The assessments must be done within specified time periods so that accurate treatment plans may be developed and implemented across systems. This will avoid duplication of effort and expedite the provision of services in the most appropriate delivery system. A comprehensive assessment process will also inform the placement decision-making process (level of difficulty). This assessment process must embrace meaningful family involvement at all stages of treatment and planning. To facilitate successful re-integration into the home, school, and community, these recommendations must include services upon discharge, including transitional services, as well as linkages to community systems.

- Support effective service delivery models that address cross-systems issues to support children and families in the least restrictive setting and reduce the need for congregate care/institutional placement:
 - a) Replicate local integrated systems models that have been proven to keep children in the least restrictive, most home-like environment and avoid congregate care/institutional placement. These programs have been successful in other parts of the state (e.g., Kids Oneida, Monroe County's Youth and Family Partnership). Develop mechanisms for localities to reinvest savings.
 - b) Respite services must be supported to allow children to remain in the least restrictive setting. By providing essential relief, parents and other caregivers are better equipped to handle the complex needs of children.
 - c) Increase access to mental retardation/developmental disabilities and mental health services through the Home and Community Based Waiver Program.
 - d) Explore the benefits of bringing a Medicaid Targeted Case Management Plan to New York State for cross-systems children. This initiative, if implemented at the local/regional level, could facilitate referrals to the most appropriate and effective program.
 - e) Support home-like settings to treat multiply diagnosed children, including children in foster care. Issues involving licensing, eligibility, capacity, and funding systems will have to be addressed.

- Explore the development of residential opportunities to treat and educate children with mental illness and mental retardation/developmental disabilities, who are from any number of child-serving systems, on a long-term basis. This requires programmatic expertise from state agencies (OMH, OMRDD, SED, and OCFS). Possible strategies to be considered are the conversion of existing beds or develop new beds into facilities that have educational and intensive services and adequate child care staff. A key component is early discharge planning including coordination among the home service providers, families, the public school system, as well as appropriate step-down services in community-based settings.

- Strengthen the local and regional coordination and placement processes. To continue the success of CCSI, the following elements and initiatives must be supported at the State level: CCSI Tier II Committees, wraparound services, Single Points of Access (SPOAs), Integrated County Planning, family support programs, and other local coordinating processes. With full implementation of the admission, discharge, and screening recommendation (above), identification of needs and development of treatment plans will better inform the local and regional decision-making process.

- There is a need to strengthen the authority of the state Hard-to-Place Committee by charging and enriching the State Committee with a clinical decision-making role to determine solutions for cross-systems children. Placement decisions made by the State Committee must be consistent with federal and state laws and regulations. The State Committee process should only be accessed after all local and regional mechanisms have been engaged and all options have been exhausted.
- Support cross-system expertise by training line staff, foster/adoptive parents, birth parents, and family members. This may include providing statewide child and family technical assistance resources such as service directories, assessment tools, referral guides, funding maps and consulting services.

II. Innovative Programming, Outcomes, and Systems Development

Because CCSI is a county supported, voluntary initiative, formal reporting from counties is not currently required. However, many counties do submit semi-annual reports to the Tier III committee that indicate the general scope and effectiveness of their local initiatives. CCSI target populations, structures, and goals also vary from county to county.

In the counties submitting semi-annual reports in 2003, 1,491 children were referred to CCSI, and 1,319 were accepted into the process. *Of these, only 77 (5.8%) resulted in an out-of-home placement, and 42% of semi-annual reports show no out-of-home placements for that 6-month period.* It is important to note that while local initiatives vary from county to county, a consistent criterion is that they target children who are at imminent risk of an out-of-home placement.

In addition to reducing the volume of out-of-home placements, CCSIs strive to assure that placements are made in the least restrictive environment for the shortest length of time. *Of the 77 placements referenced above, a majority was made through family courts and probation departments – in many of these cases the placement processes were already under way prior to CCSI involvement. Less than half (24) were placements in either OMH or DSS residential facilities, and the rest were in foster home environments, with other family members, short-term hospitalizations, or diagnostic placements.*

CCSIs also serve as a central services referral source; many children and families are not formally accepted into the process, but are directed to other appropriate community services and support programs.

Most CCSI counties have flexible funding dollars that can be used to provide support to children and families that extend far beyond those traditionally offered by any one social or human service system. The partial list of examples below shows that, in many cases, what children and their families really need are very basic items or supports that can help them to literally get through the day.

Some examples of flexible fund uses: Rewards for children who successfully follow their CCSI Tier I plan, memberships for activities/clubs, transportation, cordless phones to assist with crisis plans, car repairs, expenditures related to utilities, music lessons, groceries, summer camp, extracurricular activities (karate, dance), clothes, in home parenting skills training, paying for parents to attend conferences, family outings, school supplies, fees for tutors, car insurance, money for the laundromat, phone cards, sheets and towels, furniture (beds, desks), help with the rent or security deposits, library fees, a child's computer repair, and moving expenses.

One Family's Success Story:

A little over a year ago, the CCSI process began working with a 14 year old girl and her father. This girl was having difficulty academically, was not getting out of bed in the morning, missing school, skipping classes (resulting in repeating the year) and engaging in substance abuse. Her father faced serious recurrent medical problems, and this also placed a great deal of stress on the family. With individualized work by the CCSI team, some health and safety issues were immediately addressed with flex-funds: Family partners purchased and installed smoke detectors, a carbon monoxide detector and a fire extinguisher for the family's mobile home. In addition, they provided the family with two oscillating fans, something that helped with the father's health issues.

In the time that the CCSI team has worked with this family, this girl has become drug and alcohol free, goes to therapy, attends school, does her work and initiates making up missing work on her own. Both she and her father have found a sense of empowerment in being able to determine what they need as a family, and the father is now acting as co-care coordinator along with his daughter's Intensive Case Manager. Respite services now involve her working with a young woman who has gotten her involved in and transports her to Club Teen Scene, a free weekly peer support group. Sleepovers between this girl and her respite provider's sister provide a natural, free overnight respite for this family. Both of these girls, along with the respite provider, volunteered at a cancer center in upstate New York, and did wonderfully! At this time it is anticipated that this family will be easing out of CCSI by the end of this calendar year, with some new natural supports now in place.

III. Guidelines and Technical Assistance to Counties:

In response to both the CCSI legislation and its ongoing role of supporting local initiatives, the Tier III committee has developed a set of guidelines and technical assistance resources to help counties create and sustain successful integrated systems of care. These resources fall into seven categories: Tier I, II, and III Procedures; Family and Family Support Representative Involvement; Strength-based Practices; Cultural Competence; Coordinated Planning and Outcome Measurement; Confidentiality; and Flexible Funding.

The materials include CCSI-specific resources, examples of county models, forms, policies, and procedures, state and national models and research, links to prominent child and family services organizations, and information on services and supports available in New York State.

These resources are available on the NYS Council on Children and Families website at: www.ccf.state.ny.us/ccsi.html.

Additional support is offered through three regional technical assistance teams (RTATs) that consist of field staff members from participating CCSI agencies and family organizations. RTATs regularly meet with counties and other stakeholders to assist in addressing systems barriers, attend Tier II meetings, provide and/or host training sessions, and answer questions from local CCSIs.

RTAT training topics in the first quarter of 2004 included wraparound service planning, CCSI process/overview, education systems exchanges, a CCSI services “fair”, and the OMH Single Point of Access.

Statewide Meeting November 2003

Since 1996, CCSI has held statewide meetings for CCSI Coordinators, Parent Partners, and other systems stakeholders to provide education and training opportunities on meeting the needs of children and their families.

The 2003 CCSI Statewide Meeting featured Dr. Jane Adams, a member of the President’s New Freedom Commission on Mental Health. The New Freedom Commission was appointed by President George Bush to develop a blueprint for improving the nation’s systems of care for delivering mental health services to adults and children. The Commission’s final report includes a children and family component that mirrors the principles and practices that New York State embraces through CCSI.

Additional plenary sessions and workshops were held on: SPOA/CCSI/PINS Interaction; Family Facilitated Wraparound; Engagement of the Court/Legal System; Child and Family Assessment Instruments; Panel Presentation on Integrated Services Models; Positive Behavioral Interventions and Supports; Securing Funding for Not for Profit Organizations; NYC Parent Empowerment Project; and Wraparound Service Planning in Day Treatment and Residential Settings.

IV. CCSI Expansion: Phase 7 Request for Proposals (RFP)

On May 14, 2004 the Tier III Committee issued an RFP to fund up to five counties that have not received funding in any prior CCSI expansion. Start-up funding will be made available to the four successful applicant counties (Hamilton, Ontario, Orleans, and Otsego) for a planned January 1, 2005 start-up. Only Delaware and Saratoga Counties have not received CCSI start-up funding.

Start-up funding is generally used for flexible funding, to support parent partners, and to facilitate increased family participation in the individualized services planning and delivery process.

V. 2003-2004 Grants Projects

In mid-2002 the CCSI Tier III Committee issued an RFP for CCSI counties to apply for funding to support the Committee's three primary goals: Increasing family involvement, improving coordination with and participation of schools, and reducing out-of-home placements. Responses to the RFP were very strong and demonstrated creative approaches to coordinating care across a variety of service systems.

Of the 17 funded applications, five are school-based, nine focus on increasing family involvement, and three identify reducing out-of-home placements as their primary objective. Grantees receive \$15,000 for calendar years 2003 and 2004, although two grants were for 1-year projects.

Counties are required to report their progress based on a specific set of outcomes that were identified in their original proposals.

Three grant project examples are presented below:

Clinton County

Clinton County is using grant funding to provide respite services for non-TANF (Temporary Assistance to Needy Families) eligible families. The local Department of Social Services contributes \$20,000 to provide respite for families who are TANF eligible. Funds are also being used to develop a resource and lending library of print and other media to help educate and train parents and providers on issues surrounding the behavioral health needs of children and families and the use of respite services.

This project was able to:

- In 2003, 27 families received an average of 152 respite hours per family. They surpassed their original goals of serving 20 families at an average of 50 hours each.
- In 2004, they estimate serving 45 families (who would not otherwise have been eligible for respite services) with at least 50 respite hours per family.

Genesee County

Genesee County is using their grant funding to support a family court diversion project. This project created a family court diversion case manager position to work directly with youth and families involved with the county juvenile justice system to reduce court-ordered psychiatric placements.

2003 Results:

- Through the Family Court Diversion Project, parents now have an avenue by which to communicate with the Family Court Judge. They are part of a strength-based CCSI planning process, in which an Individualized Service Plan is developed and sent to the court. This plan clearly defines services in the community that will support the child and family, as well as brings accountability to those responsible for implementing the plan, including service providers, parents, and children.
- The total savings to Genesee County in the first two years of the Family Court Diversion Project is expected to be \$56,833.
- Local police agencies are referring families to the CCSI process as an alternative for children who have committed minor infractions of the law or who have had multiple police contacts.
- A plan has been put in place for a Mental Health Evaluation to be done immediately if a crisis situation arises at the court. This avoids inappropriate court ordered admissions to Western New York Children's Psychiatric Center and other facilities. Dispositions and court-ordered placements have become more appropriate.

Franklin County

Tier III funding supports an initiative to link all children and families involved in CCSI with a family advocate. Funding is allocated through a "case rate" for each family advocate to assist a child and family throughout their involvement with CCSI and other service systems. Family advocate meetings and trainings are held, and family advocates, families, and youth have increased participation at the Tier II level.

2003 Results:

- 99% of newly referred families received family support; the remainder declined the services of an advocate. This exceeded their first year goal of 75%.
- CCSI is also training a youth representative who has been through the CCSI process to support other youth involved with CCSI.

VI. Positive Behavioral Interventions and Supports (PBIS)

A priority for the CCSI Tier III Committee is to increase the Initiative's involvement with the education system. PBIS is a nationally developed and supported school-wide program that teaches and promotes positive behavior in all students, creating and maintaining safe learning environments where teachers can educate and students can learn.

PBIS is based on:

- Team-based planning and problem-solving
- Classroom management and behaviorally-based interventions
- Functional assessment-based behavior support planning
- Comprehensive plans for individual students with intensive needs
- Active participation of families, students and teacher
- Integration with mental health and other community supports

Tier III supports a PBIS Statewide Coordinator that works to implement PBIS in New York State. In its third phase of development, PBIS is currently being implemented in 150 schools in 6 regions across the state. In addition to the state-level leadership team - made up of family members and agency representatives from the Office of Mental Health and the State Education Department – each region is supported by a PBIS Specialist and a PBIS Family Coordinator that works with individual schools and communities.

PBIS and CCSI are mutually supportive systems level initiatives that emphasize prevention and cross-systems collaboration. For children and families with higher levels of need, PBIS also incorporates a “wraparound” approach to service planning and delivery – a core element of the CCSI Tier I process. The Tier III Committee will be working to strengthen the linkages between schools and CCSI to deliver the most appropriate and effective set of services and supports to children and families in their schools, homes, and communities.

VII. Future Directions: 2005

The Tier III Committee looks forward to advancing CCSI on several fronts in the year to come. The activities of the Committee will continue to focus on its core mission of keeping children in their homes and with their families; assuring that out-of-home placements, if they occur, are in the appropriate service systems and in the least restrictive setting; and that children return to their homes, schools, and communities as soon as possible. As in the past, these efforts will include family members and representatives across all child and family service systems at the state and local levels.

Priority areas include continuing the Committee's work in moving the cross-systems recommendations forward, increasing county participation through the Phase VII

CCSI expansion, and supporting localities and family members through increased technical assistance and training opportunities.

Increasing the Committee's statewide technical assistance activities will involve:

- **Conducting regional training sessions** – A series of six, two-day training sessions will be conducted around the state. Training agendas will be shaped by local requests to customize a core curriculum developed by Tier III.
- **Developing best practices resources for counties** – There is a growing resource of successful systems integration strategies that have come out of the 10-plus years of experience with CCSI at the state and local levels. The Committee will regularly share successful strategies, creative funding solutions, model programs/services, and other useful information on a regular basis. The rolling out of an on-line guidelines resource will be the focal point of this effort.
- **Improving CCSI Data and Outcomes Collection** – Tier III will work to develop tools to assist local Tier I and Tier II teams in tracking their performance, and to encourage the collection of common data elements to provide consistency across the state.
- **Communicating Successful Results of Grant Projects** – Results from successful grant projects will be shared at the state and local levels. Projects that significantly improve CCSI results and/or realize fiscal savings will be presented as model programs to encourage replication and continued support.
- **Expanding outreach efforts** – Tier III will continue to engage the broad spectrum of child and family serving systems at the local, state and national levels. This will include reaching out to provider and advocacy associations, service system and governmental organizations, and presentations at local, regional, or statewide meetings and events.
- **Providing Family Advocacy Training** – Tier III will provide training to parents and family members to improve their advocacy skills and to increase their knowledge of the service systems, treatment modalities such as wraparound planning, procedural rules and regulations, and other areas as identified by a parent-led planning committee.

As with all of the work the Committee undertakes, the activities outlined above will be conducted in adherence with the guiding principles of CCSI: that services and supports are based on the specific needs of the child and family, that families are involved at all levels of service delivery and planning, and that relationships with children and families are respectful of the unique cultural and social backgrounds of everyone involved.